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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *none jas*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none jas*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 06/10/2004 **\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ma</i> <i>jas</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> ✓ 26	<b>TOTAL CLAIMS</b> 16 12	<b>INDEPENDENT CLAIMS</b> 5 1
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 92 State Street  
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**TITLE**  
 Reversible necktie

<b>FILING FEE RECEIVED</b> 536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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